

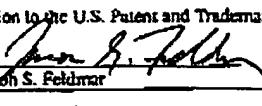
Due Date: July 7, 2004

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Arthur R. Tilford      Examiner: Scott E. Beliveau  
 Serial No.: 09/590,417      Group Art Unit: 2614  
 Filed: June 8, 2000      Docket: PD-990142  
 Title: METHOD AND APPARATUS FOR TRANSMITTING, RECEIVING AND UTILIZING  
 AUDIO/VISUAL SIGNALS AND OTHER INFORMATION

## CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this correspondence is being filed via facsimile transmission to the U.S. Patent and Trademark Office on July 6, 2004.

By:   
 Name: Jason S. Feldmar

MAIL STOP AMENDMENT  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

We are transmitting herewith the attached:

Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.  
 Amendment Under 37 C.F.R. 1.111.

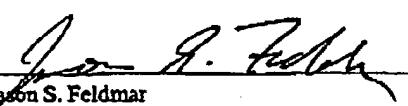
## CLAIMS PRESENT

| Claims Remaining:            | Highest Number Previously Paid For: | Number Extra | Rate      | Fee      |
|------------------------------|-------------------------------------|--------------|-----------|----------|
| Total Claims                 |                                     |              |           |          |
| 34                           | 34                                  | 0            | x \$18.00 | = \$0.00 |
| Independent Claims           |                                     |              |           |          |
| 3                            | 3                                   | 0            | x \$86.00 | = \$0.00 |
| MULTIPLE DEPENDENT CLAIM FEE |                                     |              |           | \$0.00   |
| TOTAL FILING FEE             |                                     |              |           | \$0.00   |

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

Please charge all fees to Deposit Account No. 50-0494 of Gates & Cooper LLP. A duplicate of this paper is enclosed.

Customer Number 22462  
**GATES & COOPER LLP**  
 Howard Hughes Center  
 6701 Center Drive West, Suite 1050  
 Los Angeles, CA 90045  
 (310) 641-8797

By:   
 Name: Jason S. Feldmar  
 Reg. No.: 39,187  
 JSFamb

G&amp;C 109.19-US-01

PAGE 2/25 \* RCVD AT 7/6/2004 6:08:12 PM (Eastern Daylight Time) \* SVR:USPTO-EFXRF-1/3 \* DNI:8729306 \* CSID:+13106418798 \* DURATION (mm:ss):07:28

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

09/590417

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |  |               |                          |
|----------------------------------|--|---------------|--------------------------|
| TOTAL CLAIMS                     |  |               |                          |
| FOR                              |  | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          |  | 30 minus 20 = | * 10                     |
| INDEPENDENT CLAIMS               |  | 3 minus 3 =   | * 1                      |
| MULTIPLE DEPENDENT CLAIM PRESENT |  |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE OTHER THAN  
SMALL ENTITY  
OR

|           |        |
|-----------|--------|
| RATE      | FEES   |
| BASIC FEE | 370.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

|           |        |
|-----------|--------|
| RATE      | FEES   |
| BASIC FEE | 740.00 |
| X\$18=    | 186,   |
| X84=      |        |
| +280=     |        |
| TOTAL     |        |

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  |   |       | Minus                                       | =                |
| Total  | * 34                                      | Minus | ** 30                                       | = 4              |
| Independent                                    | * 3                                       | Minus | *** 3                                       | = —              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

SMALL ENTITY  
OR OTHER THAN  
SMALL ENTITY

|                    |                        |
|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=             |                        |
| X42=               |                        |
| +140=              |                        |
| TOTAL<br>ADDT. FEE |                        |

|                    |                        |
|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE |
| X\$18=             | 72,                    |
| X84=               |                        |
| +280=              |                        |
| TOTAL<br>ADDT. FEE |                        |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  |   |       | Minus                                       | =                |
| Total  | * 34                                      | Minus | ** 34                                       | = —              |
| Independent                                    | * 3                                       | Minus | *** 3                                       | = —              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

|                    |                        |
|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=             |                        |
| X42=               |                        |
| +140=              |                        |
| TOTAL<br>ADDT. FEE |                        |

|                    |                        |
|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE |
| X\$18=             |                        |
| X84=               |                        |
| +280=              |                        |
| TOTAL<br>ADDT. FEE |                        |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  |   |       | Minus                                       | =                |
| Total  | * 34                                      | Minus | ** 34                                       | =                |
| Independent                                    | * 3                                       | Minus | *** 3                                       | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

|                    |                        |
|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=             |                        |
| X42=               |                        |
| +140=              |                        |
| TOTAL<br>ADDT. FEE |                        |

|                    |                        |
|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE |
| X\$18=             |                        |
| X84=               |                        |
| +280=              |                        |
| TOTAL<br>ADDT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/590417

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     |              | <input type="checkbox"/> |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | minus 20=    | *                        |
| INDEPENDENT CLAIMS               | minus 3 =    | *                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES   |
|-----------|--------|
| BASIC FEE | 370.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

| RATE      | FEES   |
|-----------|--------|
| BASIC FEE | 740.00 |
| X\$18=    |        |
| X84=      |        |
| +280=     |        |
| OR TOTAL  |        |

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  | Total                                     | * 34  | Minus                                       | ** 34 =                  |
| Independent                                    | * 3                                       | Minus | *** 3                                       | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$ 9=              |                        |
| X42=                |                        |
| +140=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

| RATE                   | ADDI-<br>TIONAL<br>FEE |
|------------------------|------------------------|
| X\$18=                 |                        |
| X84=                   |                        |
| +280=                  |                        |
| OR TOTAL<br>ADDIT. FEE |                        |

(Column 1) (Column 2) (Column 3)

| AMENDMENT                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  | Total                                     | * 34  | Minus                                       | ** 34 =                  |
| Independent                                    | * 3                                       | Minus | *** 3                                       | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$ 9=              |                        |
| X42=                |                        |
| +140=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

| RATE                   | ADDI-<br>TIONAL<br>FEE |
|------------------------|------------------------|
| X\$18=                 |                        |
| X84=                   |                        |
| +280=                  |                        |
| OR TOTAL<br>ADDIT. FEE |                        |

(Column 1) (Column 2) (Column 3)

| AMENDMENT                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  | Total                                     | * 34  | Minus                                       | ** 34 =                  |
| Independent                                    | * 3                                       | Minus | *** 3                                       | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$ 9=              |                        |
| X42=                |                        |
| +140=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

| RATE                   | ADDI-<br>TIONAL<br>FEE |
|------------------------|------------------------|
| X\$18=                 |                        |
| X84=                   |                        |
| +280=                  |                        |
| OR TOTAL<br>ADDIT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.